

FILED JAN 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 41557

BIRTH MO. _____		REG. DIST. NO. 236		PRIMARY REG. DIST. NO. 4352		Registrar's No. 621	
1. PLACE OF DEATH a. COUNTY Morgan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles			
d. FULL NAME OF HOSPITAL OR INSTITUTION 300 S. Seymour				d. STREET ADDRESS (If rural, give location) 300 S. Seymour			
3. NAME OF DECEASED (Type or Print)		a. (First) Thomas		b. (Middle) Riley		c. (Last) Brown	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 26, 1856	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		9. AGE (In years last birthday) 94		11. BIRTHPLACE (State or foreign country) Morgan Co., Missouri	
13a. FATHER'S NAME Cyrus Brown		13b. MOTHER'S MAIDEN NAME Sophia Wilson		14. NAME OF HUSBAND OR WIFE Never Married		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Maude Seigel		ADDRESS Versailles, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus pneumonia + gastroenteritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic uremia DUE TO (c) Nodular enlargement of prostate II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced generalized arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 18 hrs. 2 months 30 years 30 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		610X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1, 1950 to Dec 29, 1950 , that I last saw the deceased alive on Dec 28, 1950 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Jack Gunn (Degree or title) M.D.				23b. ADDRESS Versailles Mo.		23c. DATE SIGNED 12-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 31-50		24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery		24d. LOCATION (City, town, or county) (State) Versailles, Missouri	
DATE REC'D BY LOCAL REG. Jan 5-1951		REGISTRAR'S SIGNATURE J. L. Washburn		25. FUNERAL DIRECTOR'S SIGNATURE J. F. Kuchel		ADDRESS Versailles, Mo.	

U. S. G. O. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-8-51

MAR 29 1951

MAR 29 1951

JAN 18 1951

SEP 19 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Raymond C. Forber

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.